

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09683100	FILING DATE 11/19/01					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2	1					52						
3	1					53						
4	1					54						
5	1					55						
6	1					56						
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42	1					92						
43	1					93						
44	1					94						
45	1					95						
46	1					96						
47	1					97						
48	1					98						
49	1					99						
50	1					100						
TOTAL IND.	9					TOTAL IND.						
TOTAL DEP.	9					TOTAL DEP.						
TOTAL CLAIMS	18					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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